

Regal Care Trading Ltd

Woodlands Nursing Home

Inspection report

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Purley
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Tel: 02086459339

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Woodlands Nursing Home on 30 March 2017. The inspection was unannounced. Woodlands Nursing home is situated in a large detached house on a busy road in Purley. Woodlands Nursing Home is registered to provide nursing and personal care for a maximum of 18 elderly adults. At the time of our visit there were 13 people living in the home.

The service did not have a registered manager. However the manager had submitted their application to become registered. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. Like registered providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in June 2016, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to there being a lack of effective systems to prevent the risk and spread of infection, the lack of staff appraisal, the failure to follow the requirements of the Mental Capacity Act 2005 and associated code of practice, how staff supported people to maintain good health and the lack of effective systems to assess and monitor the quality of care people received. The provider sent us an action plan setting out when the required improvements would be made. Some of these actions have been completed.

Since our last inspection, the provider, area manager and manager had worked hard to improve staff practices and the standard of care people received. People were satisfied with the care they received and told us they were treated with respect and kindness. Staff ensured people received a nutritious, balanced diet. People were happy with the quality of their meals and said they were given enough to eat and drink.

However people felt there was little for them to do during the day. We found that people did not receive sufficient social stimulation. Staff did not enable them to participate in a variety of activities or support them to go out in the community.

People felt safe living in the home. There were procedures and risk assessments in place which staff implemented to reduce the risk of harm to people. Staff had been trained in safeguarding adults. They knew how to recognise the signs of abuse and how to report any concerns.

Staff asked for people's consent before delivering care. Staff understood the main provisions of the Mental Capacity Act 2005 and how it applied to people in their care. People and where appropriate, their relatives were involved in the assessment and care planning process.

There were procedures in place to ensure that people received their medicines safely which staff consistently followed. People were protected against the risk and spread of infection. People's healthcare

needs were met by suitably qualified staff. Staff carried out regular checks on people's health and well-being but the information obtained from these checks was not always acted on which meant there was a risk of people's health deteriorating.

Appropriate checks were carried out on staff and they received an induction before they began to work with people. Staff had the skills, training and experience to meet people's needs. There was a sufficient number of staff on duty to care for people safely and effectively. Staff understood their roles and responsibilities.

A lot of work had gone into improving the cleanliness, décor and furnishings in the home. There were systems in place to assess and monitor the standard of care being provided but these were not as effective as they needed to be and did not always identify areas which required improvement.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to people not being supported to maintain their independence and access the community and the lack of effective systems to assess and monitor the quality of care people received.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had policies and procedures to minimise the risk of abuse to people and these were effectively implemented by staff. Risks to people were regularly assessed and staff had guidance on how to manage the risks identified.

Staff were recruited using an appropriate recruitment process which was consistently applied. There was a sufficient number of staff to meet people's needs and help keep people safe.

People's medicines were effectively managed.

Is the service effective?

Good ●

The service was effective.

Staff had the skills, knowledge and experience to deliver the care people required. Staff were appropriately supported by the provider to carry out their roles effectively through induction, relevant training, regular supervision and appraisal.

Staff conducted regular checks to help ensure people maintained good health. However, where negative health indicators were identified, these were not always followed up.

Staff understood the main provisions of the Mental Capacity Act and how it applied to people in their care.

People had a sufficient amount to eat and drink.

Is the service caring?

Good ●

The service was caring.

Staff were caring, gentle and patient. People were treated with compassion and respect.

People were supported to plan their end of life care.

Is the service responsive?

Requires Improvement ●

Some aspects of the service were not responsive to people's needs.

There were limited opportunities for people to participate in activities and people were not supported to go out of the home or be involved in the community.

People's needs were appropriately assessed and regularly reviewed.

Is the service well-led?

Some aspects of the service were not well-led.

The home did not have a registered manager. The systems in place to assess and monitor the quality of care provided were not as effective as they needed to be.

People's records were securely stored and their personal information was appropriately protected.

Requires Improvement ●

Woodlands Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 30 March 2017 and was unannounced. The inspection was carried out by a single inspector. We previously inspected Woodlands Nursing Home in June 2016 and found breaches of the regulations.

Before the inspection we looked at all the information we held about the provider. This included their statement of purpose, routine notifications, previous inspection reports and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at six people's care files and four staff files. Due to their needs, some people living at Woodlands Nursing Home were unable to share their views. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with four people living in the home, a visitor, a relative, three members of staff as well as the cook, the manager and area manager.

We also spoke with representatives of a local authority that commissions the service. We looked at the service's policies and procedures, and records relating to the maintenance of the home and equipment.

Is the service safe?

Our findings

At our previous inspection, we found that people were not adequately protected against the risk and spread of infection. There was an unpleasant odour in some communal areas and in some people's rooms. People's rooms were not clean and tidy. The carpets, chairs and walls in the communal area were dirty with multiple stains.

Since that inspection, the provider had employed a part-time cleaner. The flooring and chairs in the communal areas had been replaced and now consisted of impermeable materials. The communal areas and people's rooms were clean and tidy, as were the communal toilets and bathrooms. These areas were free of unpleasant odours. There was an unpleasant odour in the entrance hall when we arrived but this disappeared during the course of the day. We raised this with the manager who told us they had plans which would ensure the home had a regular, thorough, deep clean. They felt the home needed a full-time cleaner and told us they would be raising this with the provider. Staff had an ample supply of personal protective equipment (PPE), always wore PPE when supporting people with personal care and practised good hand hygiene.

People told us they felt safe from abuse living at Woodlands Nursing Home. One person told us, "I feel safe." Another person commented, "The carers are fine. They look after me nicely." Staff told us that they had received sufficient training to help keep people safe. Their training included protecting people from abuse and moving and handling people.

The provider had appropriate policies and procedures to guide staff on the action to take in relation to protecting people from abuse. Staff were knowledgeable about safeguarding adults and the types of abuse of which they needed to be aware. They knew the reporting process to be followed when abuse was suspected and how to escalate their concerns. We saw evidence that the provider had acted appropriately when there had been an allegation of abuse and fully co-operated with the local authority safeguarding investigation.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, assessments included information about the risk of falls and details of people's nutritional needs. There was a clear link between people's risk assessments and their care plans which included clear instructions for staff to follow to help protect people from avoidable harm.

Staff records demonstrated the provider had an effective recruitment process which was consistently applied. Appropriate checks were carried out before staff were allowed to work with people. These included details of previous employment, checks made under the Disclosure and Barring Scheme (DBS) and obtaining professional references. These measures helped to ensure that people were supported by suitable staff. The provider employed a sufficient number of suitably qualified staff with the right skills to help care for people safely. This included experienced nurses, senior carers, carers, domestic staff and a cook.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. People were supported to take their medicines by staff who had completed relevant training. They were required to complete medicine administration record charts. The records we reviewed were fully completed which indicated that people received their medicines as prescribed. People told us they received their medicines at the right time, in the correct dosage.

The utilities and equipment in the home were regularly tested and serviced. Staff had been trained to use specialised equipment, such as hoists safely. This helped people to feel reassured when being supported with such equipment. The home had procedures in place which aimed to keep people safe and provide a continuity of care in the event of an unexpected emergency such as, a fire or boiler breakdown.

Is the service effective?

Our findings

At our inspection in June 2016, we found that staff were not adequately supported by the provider through an annual performance review. During this inspection we saw evidence that staff who had been employed by the provider for more than twelve months had participated in an annual performance review. Staff also had regular supervision meetings where they were given the opportunity to discuss issues affecting their role, their training needs and receive guidance on good practice. Staff received regular training in areas relevant to their role such as dementia awareness and safeguarding adults. The support staff received from the provider in the form of training, supervision and appraisal enabled staff to provide effective care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes such as Woodlands Nursing Home are called the Deprivation of Liberty Safeguards (DoLS).

At our inspection in June 2016, we found the provider had not properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act (MCA) 2005 in general or the specific requirements of the DoLS. There was none or very little recorded rationale in place explaining why decisions had been made in each person's best interests and little recorded evidence of best interest meetings being held or reviewed.

During this inspection, we found that staff understood the importance of gaining people's consent and understood the main principles of the MCA. Throughout our inspection staff sought people's permission before providing any care or support. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw records about people's consent to care and whether they had the capacity to make decisions. When people lacked capacity to make a particular decision, records were kept of decisions made in people's best interest. Where applications had been made to the local authority for DoLS staff kept detailed records of the applications made, those returned to the service and when the authorisations were due for review.

At our previous inspection we found that staff did not consistently carry out the necessary checks and follow people's care plans in order to maintain people's health or stop it from deteriorating.

During this inspection, we found that people's health was regularly monitored and the outcomes recorded. One person told us their health had improved since moving into the home and said, "I'm doing well here. I'm

well looked after." Records showed one person had a pressure sore. The assessment and management plan for their wound care was comprehensive. The resident had the necessary equipment to relieve pressure on the wound such as a pressure relieving mattress and the wound was improving. Another person who was at risk of malnutrition, had seen this risk decrease over a period of months whilst living in the home.

Despite these positive outcomes, we received feedback from a healthcare professional who told us that staff were very good at carrying out regular checks on people's health. However, one area the healthcare professional felt could be improved was that staff did not always "follow through" by acting on what they had recorded. We found examples of this. People were weighed regularly but where their records indicated they were consistently losing weight, no action plan was in evidence to identify the cause of the weight loss or to prevent further weight loss. We discussed this with the area manager who told us they would look into the reasons this was missed by staff. Since our inspection, we have learned that appropriate action has been taken in respect of the issues we raised.

People had access to external health care professionals. The service had a good relationship with a local doctor's surgery. A GP was seeing a person during our inspection. Records indicated the manager called the GP without delay if they had any concerns about a person's health. Care records showed people were seen by other healthcare professionals such as tissue viability nurses. Carers told us that they would tell one of the nurses or the manager if they were concerned about a person's health. Care records demonstrated that if the manager was not on duty, staff leading the shift were able to act on observations and call on the relevant health care professional.

People had a sufficient amount to eat and drink. We looked at menus for the four weeks prior to our inspection and found that they were designed to offer healthy, nutritious meals. We were in the dining room at lunchtime and observed that people were given a choice of well presented meals. People enjoyed their meals and commented, "Yes the food is very nice" and "We get a lot to eat at lunchtime and I can have what I like for breakfast."

People were protected from the risk of poor nutrition and dehydration. People's dietary needs were identified when they first moved into the home and this was recorded in their care plans. People's meals were freshly prepared daily by a cook employed by the provider. The cook knew people's dietary needs and prepared their meals accordingly. People who required assistance with eating, or who required a special diet were given the support and diet they required.

The home was of a suitable layout and design to meet the needs of people living there. At our last inspection we raised concerns about the standard of décor and furnishings throughout the home but particularly in people's rooms. We saw that some improvements had been made, with further improvements planned for the coming year. People's rooms have been redecorated and there are plans to refurbish the kitchen.

Is the service caring?

Our findings

Staff were kind and caring. People said of the staff, "They're very nice", "I've no complaints" and "They're helpful." We observed that staff interaction with people was warm and attentive. People appeared calm and relaxed. They were responsive to staff and each other. Staff engaged well with people while supporting them. We heard a staff member and a person they were supporting having a chat about the person's family.

We observed that staff asked for people's opinions and consent. Staff supported people at an appropriate pace and were gentle and patient in doing so. Staff were respectful in how they addressed people and interacted with them by for example, referring to them by their preferred name.

Staff maintained people's privacy and dignity. People who preferred to stay in their rooms or eat alone were enabled to do so. Staff knocked on people's bedroom doors and asked for permission before entering. People were clean, tidy and well dressed. We observed that one person had dropped food on their clothes during lunch, a staff member discretely made the person aware and asked if they could assist the person to get changed.

People were supported to maintain relationships with their family and friends. People told us their relatives were able to visit when they chose to and were made to feel welcome. This helped to avoid people becoming socially isolated.

Care records showed evidence of people's involvement in their care planning. Staff used their knowledge of people's previous life and work experiences as a starting point for conversation and we saw that people particularly enjoyed being engaged in this way. People's values and diversity were understood and respected by staff. Care records included details about people's ethnicity, preferred faith and culture. This helped to make people feel they mattered.

People were involved in how their care was provided. They made decisions about what they wore and where they ate. We observed people being asked for their opinions on various matters and they were involved in day to day decisions, for instance where they wished to sit and what they wanted to eat.

Staff supported people who wished to do so, to plan their end of life care. This meant that people were consulted and their wishes for their end of life care were clearly recorded. People felt they were in control of the decisions relating to their end of life care and that the issue was dealt with sensitively.

Is the service responsive?

Our findings

People were satisfied with the quality of care they received in relation to their health, diet and keeping them safe. However, people told us and we observed that there were limited activities available for them to participate in during the day. The provider employed an activities coordinator but they were on leave on the day of our visit. One person spent most of the day standing in the conservatory looking out of the window. The television was on in the communal lounge throughout our visit. One person told us, "All we do is watch television all day." We reviewed the records of activities people had participated in, in the weeks before our inspection and found that the main planned activity was "having a chat".

Staff did not support people to be as independent as they could be and go out into the community. One person told us, "It's alright here but there's nothing to do. I can't even go out. The next time I leave here will be in a box." Another person told us, "I haven't been out since I came to stay here." A staff member told us, "Most people are not interested in activities but it would be nice if there was more for the ones that are capable and if they could go out." A visitor told us, "There isn't much going on here but then most of them [people using the service] are asleep most of the time."

Staff had good knowledge of people's care plans. They were able to tell us about people's character, life histories, important relationships and health conditions. Staff knew people's routines, dislikes and preferences. We observed several examples of staff responding to people's individual needs in a timely manner. One person wanted to sit near to their friend in the lounge and staff promptly re-arranged the chairs so that they could do so. Another person liked to drink tea and we saw that they had several cups to drink throughout the day.

People's needs were assessed before they moved into the home. People and/or their relatives were able to visit the home as many times as they needed to in order to make an informed decision as to whether the home was suitable. The manager included information obtained from people, their relatives and the local authority where relevant, in people's assessments. The assessments were used to devise care plans which were sufficiently detailed to enable staff to meet people's individual care needs.

However, despite these procedures and records which had the potential to help staff provide personalised care, people were not supported to be autonomous, independent and involved in the community. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans were reviewed monthly. We saw that there was input from people, staff and representatives from a variety of outside agencies such as social services and healthcare agencies. A relative told us that staff were very good at keeping them informed of issues affecting their loved one. The manager told us, "We are regularly in contact with their relatives and they are a good source of information if somebody is unable fully communicate."

There was an appropriate procedure for recording, investigating and responding to complaints. Complaints were used to review current practice and where appropriate adjust people's care and support accordingly.

People felt able to complain. Staff were aware of their responsibility to support people to make complaints and how to record and escalate complaints.

Is the service well-led?

Our findings

The service did not have a registered manager. Managers are required to be registered with the CQC. This is so that people can be assured that they will receive appropriate care because the service is managed by a person who has been vetted by the CQC and is deemed to be an appropriate person to manage the service. The manager had submitted an application to become registered and at the time of writing, the application was being considered by the registration department of the CQC.

At our previous inspection in June 2016, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including the lack of effective systems to assess and monitor the quality of care people received. The provider and area manager had made improvements in some of the areas identified as requiring improvement. The provider had arrangements in place to assess and monitor the quality of care people received. Audits were regularly conducted in areas such as staff training and medication administration.

However, during this inspection we found that there were still areas of the service which required further improvement. These included the standard of décor and furnishings in people's rooms, how staff responded to identified health concerns and the activities on offer for people to participate in inside and outside the home. These areas for improvement had not been identified by the systems in place to assess and monitor the quality of care people received. The systems in place were therefore not as effective as they needed to be.

The provider did not establish and operate effective systems or processes to assess, monitor and improve the quality and safety of the care provided. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were well motivated and worked well as a team. They were supportive of the manager and enthusiastic to work towards further improving the service and the quality of care people received. They met regularly at handovers and staff meetings to discuss people's care, and changes to procedures within the home.

The provider is required to notify the CQC about certain changes, events or incidents. A review of our records showed that appropriate notifications were sent to us in a timely manner. We requested a variety of records relating to the people using the service, staff, maintenance and management of the home. People's care records, including their medical records were fully completed and up to date. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to maintenance and management of the home were well organised and promptly located.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider did not support service users to be autonomous, independent and involved in the community.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not establish or operate effective systems or processes to enable them to assess, monitor and improve the quality and safety of the service provided.